

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
UNITED STATES OF AMERICA
DEFENDANT
ROBERT H. CLEMENTS, JR.

RECEIVED

COURT CASE NUMBER
MISC. NO. 2:06mc3343-m
TYPE OF PROCESS
Application, Instruct, Notice, Writ & Debt Coll. Notice

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

KFORCE FLEXIBLE SOLUTIONS, LLC; ATTN: Payroll

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1001 East Palm Avenue, Tampa, FL 33605

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

U. S. Attorney's Office
ATTN: D. Aldridge
P.O. Box 197
Montgomery, AL 36101-0197

RETURNED AND FILED

Number of process to be
served with this Form 285

Number of parties to be
served in this case

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

DOB: 1957
SSN: 3415

CLERK
U. S. DISTRICT COURT
MIDDLE DIST. OF ALA.

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

334-223-7280

DATE

10/23/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. 2

District to
Serve

No. 18

Signature of Authorized USMS Deputy or Clerk

K. Chaves

Date

10/24/06

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Bonnie Adams / Garnishment Specialist

Address (complete only different than shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Date

11-07-06

Time

13:30

☐ am
☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

\$ 45.00

Total Mileage Charges
including endeavors)

\$1.46

Forwarding Fee

0

Total Charges

\$46.46

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

11/1/06 FWD to M/FL for service

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00